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|   |                      |                        |           |
|---|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/270,710             |           |
|   | Filing Date          | March 16, 1999         |           |
|   | First Named Inventor | Lawrence GLASER        |           |
|   | Group Art Unit       | 2166                   |           |
|   | Examiner Name        | A. Kalinowski          |           |
| Total Number of Pages in This Submission  |                      | Attorney Docket Number | 740388-20 |

| ENCLOSURES (check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Other |
| Remarks   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.  |   |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Jerome W. Massie IV<br>Nixon Peabody LLP<br>8180 Greensboro Drive<br>Suite 800<br>McLean, VA 22102 |
| Signature                                  |  |
| Date                                       | August 12, 2002  |

| CERTIFICATE OF MAILING   |                 |
|--|-----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8/12/02 |                 |
| Type or printed name   | Susan Y. Stiles |
| Signature  |                 |
| Date   | August 12, 2002 |

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|  |      |                          |                     |           |
|--|------|--------------------------|---------------------|-----------|
| <b>FEE TRANSMITTAL<br/>FOR FY 2002</b><br><br><i>Patent fees are subject to annual revision.</i> |      | <i>Complete if Known</i> |                     |           |
|  |      | Application Number       | 09/270,710          |           |
|  |      | Filing Date              | March 16, 1999      |           |
|  |      | First Named Inventor     | Lawrence F. GLASER  |           |
|  |      | Examiner Name            | A. Kalinowski       |           |
|  |      | Group Art Unit           | 2166                |           |
| TOTAL AMOUNT OF PAYMENT  | (\$) | 110.00                   | Attorney Docket No. | 740388-20 |

| <b>METHOD OF PAYMENT</b>  |                       | <b>FEE CALCULATION (continued)</b>  |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|---|-----------------------|---|-----------------------|--|-----------------------|-----------------|----------|-----|-----|--------------------|--------|------------------------|---|--------------------|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|----|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><br>Deposit Account Number: 19-2380<br><br>Deposit Account Name: Nixon Peabody LLP<br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | 3. <b>ADDITIONAL FEES</b>   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 2. <input checked="" type="checkbox"/> <b>Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                       |   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <b>FEE CALCULATION</b>  |                       |   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 1. <b>BASIC FILING FEE</b>  |                       |   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>   |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code                                      | Small Entity Fee (\$) | Fee Description | Fee Paid | 101 | 740 | 201                | 370    | Utility filing fee     |   | 106                | 330 | 206 | 165 | Design filing fee                 |  | 107 | 510 | 207 | 255 | Plant filing fee                      |  | 108 | 740 | 208 | 370 | Reissue filing fee                                 |  | 114 | 160 | 214 | 80 | Provisional filing fee                                     |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 101   | 740                   | 201   | 370                   | Utility filing fee   |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 106   | 330                   | 206   | 165                   | Design filing fee  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 107   | 510                   | 207   | 255                   | Plant filing fee   |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 108   | 740                   | 208   | 370                   | Reissue filing fee   |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 114   | 160                   | 214   | 80                    | Provisional filing fee                                     |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| SUBTOTAL (1) (\$)   |                       | 0   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 2. <b>EXTRA CLAIM FEES</b>  |                       |   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>-20** =</td><td></td><td>X</td><td>0</td></tr><tr><td>Independent Claims</td><td>-3** =</td><td>X</td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>0</td></tr></tbody></table>  |                       | Total Claims  | Extra Claims          | Fee from below   | Fee Paid              | -20** =         |          | X   | 0   | Independent Claims | -3** = | X                      | 0 | Multiple Dependent |     |     | 0   |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below  | Fee Paid              |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| -20** =   |                       | X   | 0                     |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Independent Claims  | -3** =                | X   | 0                     |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| Multiple Dependent  |                       |   | 0                     |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
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| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 103   | 18                    | 203   | 9                     | Claims in excess of 20                                     |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 102   | 84                    | 202   | 42                    | Independent claims in excess of 3                          |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 104   | 280                   | 204   | 140                   | Multiple dependent claim, if not paid                      |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 109   | 84                    | 209   | 42                    | ** Reissue independent claims over original patent         |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| 110   | 18                    | 210   | 9                     | ** Reissue claims in excess of 20 and over original patent |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| SUBTOTAL (2) (\$)   |                       | 0   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                       |   |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |
|   |                       | 4. <b>CERTIFICATE OF MAILING</b><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on August 12, 2002.<br><i>Susan Y. Stiles</i><br>Name: Susan Y. Stiles |                       |  |                       |                 |          |     |     |                    |        |                        |   |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |

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| <b>SUBMITTED BY</b> |                            | <b>Complete (if applicable)</b> |                 |
| Name (Print/Type)   | Jerome W. Massie IV        | Registration No.                | 48,118          |
| Signature           | <i>Jerome W. Massie IV</i> | Telephone                       | (703) 770-9300  |
|                     |                            | Date                            | August 12, 2002 |